

Request for Medicare claims information (MS031)

When to use this form

Use this form to request Medicare claims information that is older than 3 years for individuals and families.

If you are requesting Medicare claims information for a person (other than children under 14 years of age) who cannot consent to the release of their own information (for example, they have a power of attorney or they are deceased), in addition to completing this form, please provide evidence of your authority to act on their behalf.

Information that may be provided in response to your request will include date of service, item claimed, item description, benefit amount, payment method, relevant dates and provider names and locations.

Important information

Any changes to this form must be initialled by the relevant signatory.

Online services

You can view, download and print your Medicare claims information for at least the last 3 years by accessing your Medicare Online account through myGov.

myGov is a secure way to access a range of government services online with one username and password. You can create a myGov account at my.gov.au and link it to your Medicare online account.

For more information

Go to servicessaustralia.gov.au or call **132 011** Monday to Friday, 8:30 am to 5 pm, Australian Eastern Standard Time.

Call charges may apply.

Filling in this form

You can complete this form on your computer, print and sign it.

If you have a printed form:

- Use black or blue pen.
- Print in BLOCK LETTERS.
- Where you see a box like this **Go to 1** skip to the question number shown.

Details of person making request

1 Medicare card number

-- Ref no.

2 Name

Dr Mr Mrs Miss Ms Other

Family name

First given name

Second given name

3 Date of birth

/ /

4 Permanent address

.....
.....
Postcode

5 Postal address (if different to above)

.....
.....
Postcode

6 Daytime phone number

()

Mobile phone number

Email

We will send your personal information to the email address you provide above. Make sure the address is appropriate for the receipt of your personal information.

Claims information request

7 Indicate the date range(s) for the claims information required.

Medicare claims history for the period
From / / to / /

(insert full date range for example, 01/05/2018 to 31/05/2019)

8 Are you requesting personal or family claims information?

Personal only **Go to 14**

Family only

Personal and family

Requests for children under 14 years of age

A person with parental responsibility can generally get Medicare or PBS information about a child where the child is under 14 years of age and listed on the same Medicare card as the requesting person.

10 Are you requesting information for a child under 14 years of age?

- No **Go to 14**
Yes

11 Are you the child's parent or guardian?

- No You may not request this claims information
Yes If legal guardian, provide supporting documents

Child 1

Family name	<input type="text"/>
First given name	<input type="text"/>
Second given name	<input type="text"/>
Other names child known by (if applicable)	<input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Is the child a subject of Family Court orders?	No <input type="checkbox"/> Yes <input type="checkbox"/> Provide a copy of the current court order.
Is the child listed on more than one Medicare card?	No <input type="checkbox"/> Yes <input type="checkbox"/> Provide details
Child's other Medicare card number	<input type="text"/> - <input type="text"/> - <input type="text"/> Ref no. <input type="text"/>
Child's other address (if applicable)	<input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>

Child 2

Family name	<input type="text"/>
First given name	<input type="text"/>
Second given name	<input type="text"/>
Other names child known by (if applicable)	<input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Is the child a subject of Family Court orders?	No <input type="checkbox"/> Yes <input type="checkbox"/> Provide a copy of the current court order.
Is the child listed on more than one Medicare card?	No <input type="checkbox"/> Yes <input type="checkbox"/> Provide details
Child's other Medicare card number	<input type="text"/> - <input type="text"/> - <input type="text"/> Ref no. <input type="text"/>
Child's other address (if applicable)	<input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>

Child 3

Family name	<input type="text"/>
First given name	<input type="text"/>
Second given name	<input type="text"/>
Other names child known by (if applicable)	<input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Is the child a subject of Family Court orders?	No <input type="checkbox"/> Yes <input type="checkbox"/> Provide a copy of the current court order.
Is the child listed on more than one Medicare card?	No <input type="checkbox"/> Yes <input type="checkbox"/> Provide details
Child's other Medicare card number	<input type="text"/> - <input type="text"/> - <input type="text"/> Ref no. <input type="text"/>
Child's other address (if applicable)	<input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>



If the information relates to more than 3 children under 14 years of age, provide a separate sheet with details.

12 Would you like us to send your child's/children's personal information to a third party?

No **Go to 14**

Yes

13 I authorise Services Australia to provide my child's/children's personal information requested in this form, to the following organisation or person:

Contact name

Organisation name

Postal address

 Postcode
--

Authorisation

14 Would you like us to send your personal information to a third party?

No **Go to 16**

Yes

15 I authorise Services Australia to provide my personal information requested in this form, to the following organisation or person:

Contact name

Organisation name

Postal address

 Postcode
--

Privacy notice

16 The privacy and security of your personal information is important to us, and is protected by law. We need to collect this information so we can process and manage your applications and payments and provide services to you. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to servicesaustralia.gov.au/privacy

Declaration

17 I declare that:

- I have parental responsibility for each child under 14 years of age for whom I have requested claims information.
- the information I have provided in this form is complete and correct.

I understand that:

- giving false or misleading information is a serious offence.

Applicant's signature



Date

/ /

Returning this form

Check that all required questions are answered and that the form is signed and dated.

If you have indicated that the information requested in this form should be provided to a third party, please return this completed form to that third party.

The third party is responsible for returning this completed form and any supporting documents:

- **by email to:**
medicare.disclosure@servicesaustralia.gov.au
There may be risks with sending personal information through unsecured networks or email channels.
- by visiting one of our service centres.